


TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

| | | | | | |
|---|---|--|-------------------|---|----------------------|
| 1. NAME Sabrina Streusand | | 2. PHONE NUMBER (512) 236-9901 | | 3. DATE 11/5/2019 | |
| 4. DELIVERY ADDRESS OR EMAIL 1801 S. MoPac Expressway, Suite 320 | | 5. CITY Austin | | 6. STATE TX | 7. ZIP CODE 78746 |
| 8. CASE NUMBER 19-10926 | 9. JUDGE T. Davis | DATES OF PROCEEDINGS | | | |
| | | 10. FROM 11/5/2019 | | 11. TO 11/5/2019 | |
| 12. CASE NAME In re Orly Genger | | LOCATION OF PROCEEDINGS | | | |
| | | 13. CITY Austin | | 14. STATE TX | |
| 15. ORDER FOR | | | | | |
| <input type="checkbox"/> APPEAL | | <input type="checkbox"/> CRIMINAL | | <input type="checkbox"/> CRIMINAL JUSTICE ACT | |
| <input type="checkbox"/> NON-APPEAL | | <input type="checkbox"/> CIVIL | | <input checked="" type="checkbox"/> BANKRUPTCY | |
| | | <input type="checkbox"/> IN FORMA PAUPERIS | | <input type="checkbox"/> OTHER | |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | |
| <input checked="" type="checkbox"/> OPINION OF COURT | | 11/5/19 at 2:30 p.m. | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input type="checkbox"/> OTHER (Specify) | |
| <input type="checkbox"/> SENTENCING | | | | | |
| <input type="checkbox"/> BAIL HEARING | | | | | |
| 17. ORDER | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS |
| ORDINARY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| EXPEDITED | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| 3-Day | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 |
| 18. SIGNATURE  | | | | PROCESSED BY | |
| 19. DATE 11-5-2019 | | | | PHONE NUMBER | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | |
| ORDER RECEIVED | | DATE | BY | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 |